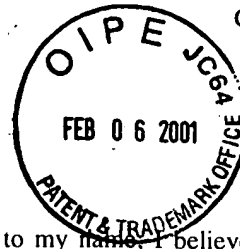


## DECLARATION



As a below named inventor, I declare that:

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **ENDOSCOPE** the specification of which \_\_\_\_ is attached hereto or **X** was filed on **October 11, 2000** as Application No. **09/689,444** and was amended on \_\_\_\_\_ (if applicable).

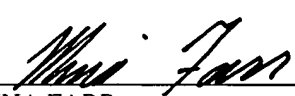
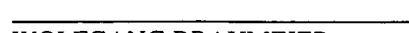
I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56. I claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

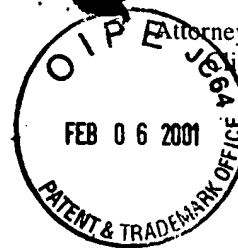
I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date
Unassigned	October 6, 2000
60/176,101	January 14, 2000

Full Name of Inventor 1:	Last Name: <b>FARR</b>	First Name: <b>MINA</b>	Middle Name or Initial:	
Residence & Citizenship:	City: <b>Palo Alto</b>	State/Foreign Country: <b>California</b>	Country of Citizenship: <b>Iran</b>	
Post Office Address:	Post Office Address: <b>1118 Webster Street</b>	City: <b>Palo Alto</b>	State/Country: <b>California</b>	Postal Code: <b>94301</b>
Full Name of Inventor 2:	Last Name: <b>BRAXMEIER</b>	First Name: <b>WOLFGANG</b>	Middle Name or Initial:	
Residence & Citizenship:	City: <b>Emmendingen</b>	State/Foreign Country: <b>Germany</b>	Country of Citizenship: <b>Germany</b>	
Post Office Address:	Post Office Address: <b>Oberdorfstr 22</b>	City: <b>Emmendingen</b>	State/Country: <b>Germany</b>	Postal Code: <b>79312</b>

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 1   MINA FARR	Signature of Inventor 2   WOLFGANG BRAXMEIER
Date <b>10-26-00</b>	Date



Attorney Docket No.: 17516-007520US  
Client Reference No.: bkClientRef

## DECLARATION

As a below named inventor, I declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **ENDOSCOPE** the specification of which \_\_\_\_ is attached hereto or X was filed on October 11, 2000 as Application No. 09/689,444 and was amended on \_\_\_\_\_ (if applicable).

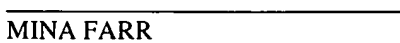
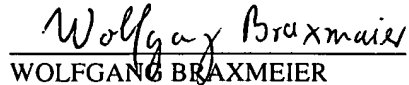
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Application No.	Filing Date
Unassigned	October 6, 2000
60/176,101	January 14, 2000

Full Name of Inventor 1:	Last Name: <b>FARR</b>	First Name: <b>MINA</b>	Middle Name or Initial:	
Residence & Citizenship:	City: <b>Palo Alto</b>	State/Foreign Country: <b>California</b>	Country of Citizenship: <b>Iran</b>	
Post Office Address:	Post Office Address: <b>1118 Webster Street</b>	City: <b>Palo Alto</b>	State/Country: <b>California</b>	Postal Code: <b>94301</b>
Full Name of Inventor 2:	Last Name: <b>BRAXMEIER</b>	First Name: <b>WOLFGANG</b>	Middle Name or Initial:	
Residence & Citizenship:	City: <b>Emmendingen</b>	State/Foreign Country: <b>Germany</b>	Country of Citizenship: <b>Germany</b>	
Post Office Address:	Post Office Address: <b>Oberdorfstr 22</b>	City: <b>Emmendingen</b>	State/Country: <b>Germany</b>	Postal Code: <b>79312</b>

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Signature of Inventor 1	Signature of Inventor 2
	
MINA FARR	WOLFGANG BRAXMEIER
Date	Date <u>14. 11. 2000</u>